| **OWCP 02: Parcel Information** | | USDA Organic Regulations 205.202 & 205.203.(b)-(c) | | |
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| 1. **LIST OF PARCELS REQUESTED FOR CERTIFICATION**   ***Please list all parcels to be used in organic production in the table below.***  A parcel is a single contiguous section of land that is owned or managed by the applicant. Parcels may consist of one or more fields.  All new parcels must be reviewed for compliance prior to inspection.  **Additional pages attached**  Attach the organic certificate for any parcels currently or previously certified as part of a different operation.  **Attached** | | | | |
| **Parcel Name/Number** | **Current Status** | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
| 1. **PARCEL DESCRIPTION**   Complete this page for ***each parcel*** requested for certification (make additional copies as needed). | | | | |
| **Parcel Name/Number** | | | **Date this form completed:** | |
| **Parcel Location** (complete physical address **and** GPS coordinates) | | | | **Acreage requested for certification:** |
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| **List of structures on this parcel (e.g., hoop house, greenhouse, storage, etc.):** | | | | |
| **Driving Directions** – *only for parcels that do not have a street address or are inaccessible through on-line mapping*. | | | | |
| **Parcel Map**  **Attached**  *Provide a map or sketch of the entire parcel showing the location of all fields, field boundaries,* ***adjoining land uses, buffer zones****, prominent natural features, water sources, greenhouses/ high tunnels, buildings, storage areas, washing area, processing areas and curing areas.* | | | | |
| **Type(s) of Certification Requested** (check all that apply to this parcel) | | | | |
| **USDA – National Organic Program – Organic Certification**  **Transitional Certification (less than three years since the last application of prohibited substance(s))**  Transition start date:  Transition (projected) end date:  **EU Regulation 2018/848**  Parcels seeking organic status must be currently certified organic, or have undergone conversion, or qualify for retroactive recognition. The conversion period for uncertified parcels that do not qualify for retroactive recognition will begin on the date QCS received the application or from the date when all rules on organic production have been applied(if after the application date).   1. Are you applying for retroactive recognition of a previous period as being part of the conversion period?   Yes  No  If yes, provide additional details as specified in **OGP 13**: **Regulation (EU) 2018/848 Compliance Affirmation.** | | | | |
| **Describe the natural environment of the harvest area** (e.g., scrub, deciduous forest, oak hammock, wetland, upland pine, etc.) | | | | |
| 1. **ADJOINING LAND USE AND BUFFER ZONES**   *All fields and parcels must have distinct, defined boundaries and buffer zones to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management.*  *Buffers must be described below and on maps for all fields adjacent to non-organic production or other potential sources of contamination.*   1. What are the adjoining lands of the parcel used for? Check all that apply.   Organic production  Non-organic production  Uncultivated/natural  Other. Please describe:   1. Describe the buffer(s) in place between the parcel and any adjacent land where prohibited substances are or may be applied, including the buffer vegetation and width:  *N/A, adjoining land does not receive applications of prohibited materials*. *Skip to Question 3.*      * 1. How do you verify that established buffers are effective to prevent drift of prohibited substances onto your parcels?  1. What additional safeguards do you use to prevent contamination from adjoining land uses (e.g., drift)? Check all that apply.   None, adjoining land does not receive applications of prohibited materials  Written notification/agreement with neighbors  **Attached**  Written agreement with agencies managing buffers or right of ways, including highway departments, electric companies, FSA, etc.  **Attached**  Post “No Spray” signs  Residue testing  Other. Please describe:   1. Do any fields or portions of fields flood frequently (more than once every ten years)?  Yes  No   If yes, list field numbers and describe potential contaminants.   1. How do you monitor for crop contamination?   GMO testing  Photographs  Wind direction/speed data  Visual observation  Pesticide residue testing  Other. Please specify:    1. How often do you conduct monitoring?  Weekly  Monthly  Annually  As needed   Other. Please specify: | | | | |

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| 1. **LAND USE AFFIRMATION** | | | | |
| **INSTRUCTIONS:** Complete a separate **Land Use Affirmation** for each parcel (or acreage being added to an existing parcel) that is not already certified organic. If you have multiple parcels, make copies or request extra forms from QCS.  ***This form must be completed separately by each person who has had full management control of the parcel during the last 3 years/36 months for organic certification. Make copies as needed.*** | | | | |
| **Your Name** |  | | | |
| **Parcel Name** |  | | | |
| **I am the parcel’s**  (Check one) | Current Owner  Previous Owner  Lessee  Previous Lessee  Manager  Previous Manager  Other (describe): | | | |
| I have/had **full management control** of this parcel during the time period from (MM/DD/YYYY)  Until (MM/DD/YYYY)   Present. (Use exact dates). | | | | |
| **Last known prohibited substance application.** To the best of my knowledge, (Check one): | | | | |
| No substances prohibited in organic production were applied to this parcel during my ownership/management. | | | | |
| One or more substance prohibited in organic production were applied during my ownership/management of the parcel. | | | | |
| Last prohibited substance (product name): | | | Last application date (MM/DD/YYYY): | |
| Using the table below, list **ALL** inputs that have been applied to the land or crops during the time of your management, in the last three years/36 months, including fertilizers, soil amendments, pest/weed/disease control products, treated/pelleted seeds, inoculants, etc.  **Additional pages attached  No inputs applied during my management in the last 3 years/36 months** | | | | |
| **Product Name as it Appears on Label** | | **Manufacturer** | | **Last Application Date** |
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| *I affirm that the answers given in this affirmation are true and correct.* | | | | |
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